



STATE OF CALIFORNIA
California Integrated Waste Management Board
CIWMB 640 (Rev 7/02)

Health & Safety Field Shop
9910 Horn Road, Suite 300
Sacramento, California 95827
Telephone: 916-255-4525 Fax: 916-255-2567

Equipment Loan Request Form

Contact Person (print name): _____

Agency: _____

City/County: _____

Address: _____

Telephone/E-Mail/Fax: _____

Equipment Requested (check appropriate boxes):

- ☐ Barhole Punch with cover ☐ Radiation Dosimeter kit
☐ Digital camera ☐ Compost Thermometer/[☐ 0-200 FX48"/[☐ 0-200FX60"
☐ GPS/[☐ case/[☐ charges ☐ Other: _____
☐ GMI/kit _____

By signing this request form, the borrower agrees to all of the requirements in the program as summarized below:

- To use loaned equipment only for CIWMB related field activities.
- To care for all loaned equipment.
- Not to loan borrowed CIWMB owned equipment to a third party.
- To incur costs for damages and lost parts of any loaned equipment.
- To incur return shipment costs of the loaned equipment.
- To participate in training as needed to support the use of such equipment.

**See LEA Equipment Loan Advisory #30 for additional details regarding this program.

Borrower's Signature: _____ Date: _____

Equipment Loaned:	For CIWMB use only	Log #
Barhole punch with cover	Number:	
Gas Measuring Instrument	Instrument ID #:	State Tag #:
Other:	Instrument ID #:	State Tag #:
Loan Begin Date:		Loan End Date:
Approved By:		Date: